

# Retail Food Inspection Report


Floyd County Health Department  
Telephone (812) 948-4726

<b>Establishment Name</b> TACO BELL NO. 33583	<b>Telephone Number</b> Est 812-748-2248 Own (812) 945-9810	<b>Date of Inspection</b> 08/21/2020	<b>ID#</b>
<b>Address</b> 100 DAISY SUMMIT DR, NEW ALBANY IN 47150			
<b>Owner</b> C.M. SMITH RESTAURANTS, INC/ CLINTON SMITH	<b>Purpose</b> <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	<b>Follow Up</b>	<b>Released</b> 08/31/2020
<b>Owner's Address</b> 5140 CHARLESTOWN RD., SUITE 4 NEW ALBANY, IN 47150-		<b>Menu Type</b> 1 _ 2 <u>X</u> 3 _ 4 _ 5 _	
<b>Person in Charge</b> DANA SHEPARD			
<b>Responsible Person's Email</b> RS033583@TACOBELL.COM			
<b>Certified Food Handler</b> DANA SHEPARD			

CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"  
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE COLUMN MARKED AS "R"

Section #	C	NC	R	Narrative	To Be Corrected

Summary of Violations C \_\_\_\_\_ NC \_\_\_\_\_ R \_\_\_\_\_

Received by (name and title printed): DANA SHEPARD	Inspected by (name and title printed): A.J. Ingram CHIEF FOOD SPECIALIST	
Received by (signature):	Inspected by (signature): 	
cc:	cc:	cc: